

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court

In re Leonard Garfield Myers,
DebtorCase No. 09-18468
Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 250,000.00		
B - Personal Property	Yes	3	\$ 1,330.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 168,072.60	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	No			\$	
F - Creditors Holding Unsecured Nonpriority Claims	No	7		\$ 58,974.08	
G - Executory Contracts and Unexpired Leases	No				
H - Codebtors	No	1			
I - Current Income of Individual Debtor(s)	No				\$ 1407.00
J - Current Expenditures of Individual Debtors(s)	No			2055.00	\$ 2055.00
TOTAL			\$ 263,330	\$ 229,126.68	

FILED
JUL 26 11 19 58
BANKRUPTCY COURT
OF THE DISTRICT OF
COLUMBIA

B 6D (Official Form 6D) (12/07)

In re Leonard G. Myers
DebtorCase No. _____
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 80908F								
Comptroller of the Treasury Compliance Division 301 W. Preston Street Baltimore, MD 21201	X	J	Statutory Lien 16905 Old Colony Way, Rockville, single family hom VALUE \$250,000				26,645,000	0
ACCOUNT NO.								
Litton Loan Servicing/Green Tree P.O. Box 6172 Rapid City, SD 57709-6172	X	J	Deed of Trust 16905 Old Colony Way, Rockville, single family hom VALUE \$250,000				525,000	0
ACCOUNT NO.								
Representing Litton Loan Servicing			Friedman/MacFay den, PA, 210 East Redwood St. Balt. MD - Suite 400 VALUE \$					
Subtotal (Total of this page)							\$ 27,170.00	\$
Total (Use only on last page)							\$ 27,170.00	\$

continuation sheets
attached

(Report also on Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

In re Leonard G. Myers
DebtorCase No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Internal Revenue Spec. Procedures 31 Hopkins Plaza, Rm 140, Balt. Md 21201	X	J	Statutory Lien 16905 Old Colony Way, Rockville, MD single family home VALUE \$250,000				139,837.00	0
ACCOUNT NO. Drive Financial P.O. Box 562088 Suite 900 Dallas, TX 75297	X	H	Automobile Lien VALUE \$25,469				25,469	0
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims							Subtotal (s) ▶ (Total(s) of this page)	\$165,306.00
							Total(s) ▶ (Use only on last page)	\$168,077.60

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B 6E (Official Form 6E) (12/07)

In re Leonard G. Myers
DebtorCase No. _____
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

B 6E (Official Form 6E) (12/07) – Cont.

In re Leonard G. Myers,
DebtorCase No. _____
(if known)☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

B 6F (Official Form 6F) (12/07)

In re Leonard G Myers,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1366526 Griffith Energy 2510 Schuster Dr Cheverly, MD 20781		H	Utilities				1366.94
ACCOUNT NO. 461007870xx Arrow Fin. Service P.O. Box 12914 Norfolk, VA 23541		H	Cred. & Charges				501.00
ACCOUNT NO. 236905 Burtonsville Fed 15408 Old Columbia Pike Box 189 Burtonsville, MD 20866		H	Utilities				1549.16
ACCOUNT NO. 85264364 Montg. Gen. Hospital P.O. Box 4466 Woodbridge, VA		H	Medical				100.00
22194							
Subtotal▶							\$ 3517.10
Total▶							\$ 3517.10

6 continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B 6F (Official Form 6F) (12/07) - Cont.

In re Leonard G. Myers,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>45740</u> <u>Cardiac Assoc.</u> <u>15525 Shady Grove Rd</u> <u>Ste 201</u> <u>Rockville, MD 20850</u>		<u>H</u>	<u>Medical</u>				<u>113.00</u>
ACCOUNT NO. <u>0483407X1</u> <u>GC Limited</u> <u>4210 Terrance Ave.</u> <u>Huntington, WV 25705</u>		<u>H</u>	<u>Credit charges</u>				<u>569.00</u>
ACCOUNT NO. <u>Arm</u> <u>P.O. Box 129</u> <u>Therofar, NJ 08086</u>		<u>H</u>	<u>Credit charges</u>				<u>538.00</u>
ACCOUNT NO. <u>10033114575</u> <u>RJM</u> <u>575 Underhill Blvd</u> <u>#224 Suite</u> <u>Syosset, NY 11791-3416</u>		<u>H</u>	<u>Credit charges</u>				<u>7,898.85</u>
ACCOUNT NO. <u>204918228</u> <u>Provident</u> <u>P.O. Box 1861</u> <u>Baltimore, MD 21203</u>		<u>H</u>	<u>Credit charges</u>				<u>481.00</u>
Sheet no. <u>2</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ <u>9598.85</u>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ \$ <u>13116.95</u>

B 6F (Official Form 6F) (12/07) - Cont.

In re Leonard G. Myer,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5730 Take it Away P.O. Box 3668 Gaithersburg, MD 20885		H	Credit Charge				277.00
ACCOUNT NO. 1366526 Acel P.O. Box 30096 Alexandria, VA 22310		H	Utilities				1,241.00
ACCOUNT NO. 05023656762 Geico P.O. Box 55126 Boston MA 05126		H	Credit Charge				325.95
ACCOUNT NO. 654FA11802 Credit Acceptance P.O. Box 551888 Detroit, MI 48255		H	Repossession Deficiency				33,419.00
ACCOUNT NO. 8490009513X Verizon 500 Technology Dr Weldon Spring, MO 63304		H	Utilities				756.92
Sheet no. <u>3</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 36019.87
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ \$ 49136.82

B 6F (Official Form 6F) (12/07) - Cont.

In re Leonard G. Myers,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 797821570 Verizon 500 Technology Dr Weldon Springs, MO 63304		H	Utilities				581.00
ACCOUNT NO. 603161271 Verizon 500 Technology Dr Weldon Springs, MO 63304		H	Utilities				879.00
ACCOUNT NO. 4549 NCO - Medical P.O. Box 8547 Philadelphia, PA 19101		H	Medical				228.00
ACCOUNT NO. 2024 NCO Fin/22 507 Prudenhol Rd Horseshoe, PA 19044		H	Credit charges				502.00
ACCOUNT NO. Metro Rep. Comm. P.O. Box 1351 Corona, CA 92878		H	Medical				235.00

Sheet no. 4 of 7 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal ▶ \$ 2425.00Total ▶ \$ 5156.82
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B 6F (Official Form 6F) (12/07) - Cont.

In re Leonard G. Myer
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3707753 Cavalier 2134 W. Laburnum Ave Richmond, VA 23227		H	Credit Charge				500.00
ACCOUNT NO. 281645049 Pepla 701 Ninth Street NW Washington DC 20068		H	Utilities				1987.26
ACCOUNT NO. 200932286 Pepla 701 Ninth Street NW Washington DC 20068		J	Utilities				1200.00
ACCOUNT NO. 054007546/24 Comcast P.O. Box 3005 Southeastern, PA 19398		H	Credit				379.00
ACCOUNT NO. 095695563/9069 Comcast P.O. Box 3005 Southeastern, PA 19398		H	Credit				500.00
Sheet no. <u>5</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 4566.26
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ \$ 56128.08

B 6F (Official Form 6F) (12/07) - Cont.

In re Leonard G. Myer,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>555-9700-1317</u> <u>Household Bank</u> <u>P.O. Box 17051</u> <u>Baltimore, MD 21297</u>		<u>H</u>	<u>Credit Charges</u>				<u>525.00</u>
ACCOUNT NO. <u>555-9700-1313</u> <u>Household Bank</u> <u>P.O. Box 17051</u> <u>Baltimore, MD 21297</u>		<u>H</u>	<u>Credit Charges</u>				<u>440.00</u>
ACCOUNT NO. _____ <u>MARTIN</u> <u>Wilmington & Jacobs</u> <u>850 S. State St. #5</u> <u>Dover, Delaware 19901</u>		<u>H</u>	<u>Credit Charges</u>				<u>440.00</u>
ACCOUNT NO. <u>0956955639</u> <u>Comcast</u> <u>P.O. Box 3005</u> <u>Southcentral, PA 19380</u>							<u>200.00</u>
ACCOUNT NO. _____							

Sheet no. 6 of 7 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶

\$

1605

Total▶

\$

57733.08(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B 6F (Official Form 6F) (12/07) - Cont.

In re Leonard G. Myer,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>1007260XX</u> <u>American Collections</u> <u>205 S. Whiting St</u> <u>Ste 500</u> <u>Alexandria, VA 22304</u>		<u>H</u>	<u>Ch 1, 11-20</u>				<u>1241.00</u>
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal▶							\$ <u>1241.00</u>
Total▶							\$ <u>58,974.08</u>

Sheet no. 2 of 2 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B 6H (Official Form 6H) (12/07)

In re Leonard G. Myers,
DebtorCase No. _____
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. Sec. 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Ann M. Myers 16905 Old Colony Way Rockville, MD 20850	Comptroller of the Treasury Compliance Div. 301 W. Preston St. Baltimore, MD 21201
Ann M. Myers 16905 Old Colony Way Rockville, MD 20850	Internal Revenue Serv. Spec. Invst. Branch 31 Hopkins Plaza, Rm 1140 Balt, MD 21201
Ann M. Myers 16905 Old Colony Way Rockville, MD 20850	Litton Loan P.O. Box 6172 Rapid City, SD 57709
Ann M. Myers 16905 Old Colony Way Rockville, MD 20850	Greentree P.O. Box 6172 Rapid City, SD 57709

B6I (Official Form 6I) (12/07)

In re Leonard G. Myers,
DebtorCase No. _____
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <u>Married</u>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <u>son</u>	AGE(S): <u>20</u>
Employment:	DEBTOR	SPOUSE
Occupation		
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR

SPOUSE

\$ -0-\$ -0-\$ -0-\$ -0-

3. SUBTOTAL

\$ -0-\$ -0-

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): _____

\$ -0-\$ -0-\$ -0-\$ -0-\$ 00\$ -0-\$ 00\$ -0-

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0\$ -0-

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 0\$ -0-7. Regular income from operation of business or profession or farm
(Attach detailed statement)\$ 0\$ -0-

8. Income from real property

\$ 0\$ -0-

9. Interest and dividends

\$ 0\$ -0-

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ 0\$ -0-11. Social security or government assistance
(Specify): _____\$ 0\$ -0-

12. Pension or retirement income

\$ 0\$ 1477.0013. Other monthly income
(Specify): _____\$ 0\$ -0-

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0\$ -0-

15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)

\$ 0\$ -0-

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 1477.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re Leonard G. Myer,
DebtorCase No. _____
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ _____
- a. Are real estate taxes included? Yes _____ No X
- b. Is property insurance included? Yes _____ No X
2. Utilities: a. Electricity and heating fuel \$ 300
- b. Water and sewer \$ 100
- c. Telephone \$ 250
- d. Other _____ \$ _____
3. Home maintenance (repairs and upkeep) \$ 20
4. Food \$ 450
5. Clothing \$ 50
6. Laundry and dry cleaning \$ 20
7. Medical and dental expenses \$ 140
8. Transportation (not including car payments) \$ 400
9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 50
10. Charitable contributions \$ 25
11. Insurance (not deducted from wages or included in home mortgage payments)
- a. Homeowner's or renter's \$ _____
- b. Life \$ _____
- c. Health \$ _____
- d. Auto \$ 100
- e. Other _____ \$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)
(Specify) _____ \$ _____
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)
- a. Auto \$ _____
- b. Other _____ \$ _____
- c. Other _____ \$ _____
14. Alimony, maintenance, and support paid to others \$ _____
15. Payments for support of additional dependents not living at your home \$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 150
17. Other Mobile home \$ _____
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 2055
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document.

20. STATEMENT OF MONTHLY NET INCOME

- a. Average monthly income from Line 15 of Schedule I \$ 1477
- b. Average monthly expenses from Line 18 above \$ 2055
- c. Monthly net income (a. minus b.) \$ -578